

BEA Middle / High School District Emergency Contact and Health Information Form

2025 – 2026

THIS FORM ONLY NEEDS COMPLETED IF YOU HAVE NOT UPDATED YOUR STUDENT'S INFORMATION ON SAPPHIRE FOR THE 2025 – 2026 SCHOOL YEAR.

Grade _____ HR/Teacher _____ Bus # _____ Date _____

Student's Name _____ Date of Birth _____ Sex M or F

Street Address _____ City _____ Zip _____

Parent/Guardian Information: Please place a 1 or 2 in front of Mother or Father to indicate the order you want a parent called.

____ **Mother's Name** _____ Home Phone _____ Cell # _____

Mailing Address _____ City _____ Zip _____

Employer _____ Work Phone _____ Email _____

____ **Father's Name** _____ Home Phone _____ Cell # _____

Mailing Address _____ City _____ Zip _____

Employer _____ Work Phone _____ Email _____

Student Lives With ____ Both Parents ____ Mother ____ Father ____ Other Guardian/Relative

If separated or divorced.... Who is the custodial parent(s) _____

Who has educational rights(s) _____

If separated or divorced, who is to receive mailings (letters, reports, forms, etc.) ____ Mother ____ Father ____ Both

Please list any brothers or sisters who are BEA students, including the name and grade level of their school

Name _____ School/grade _____

Name _____ School/grade _____

Name _____ School/grade _____

Please list, in order to be called, (2) nearby adults (relatives, friends, or neighbors) who are available during the school day and who have your authorization to provide transportation and assume responsibility for your child if they need to leave school for illness, injury or an early dismissal if those listed above cannot be reached.

1. _____ Relationship _____ Phone _____

2. _____ Relationship _____ Phone _____

Middle School / High School Students

Does your child go to a caregiver after school? ____ Yes ____ No

Caregiver's Name _____ Address _____ Phone _____

Does your child have internet at home? ____ Yes ____ No

The above information will be shared via our computerized student record system with faculty, staff and administrators. The phone numbers listed above will be used to notify parents regarding medical emergencies, school closing and other unscheduled interruptions to the school schedules.

The Health History information is confidential; however, the school nurses may share this information with other school personnel if necessary to ensure the student's health, safety and classroom success.

Health History

Student's Physician _____ Student's Dentist _____

List all medications that your child is taking at home and/or school (names, dosages, frequency, purpose, length of time)

Name of medication and/or food allergy _____

Is your child allergic to bees? Yes or No

Is your child required by his/her physician to carry an Epinephrine Auto-Injector while at school? Yes or No

If yes, circle the reason why. Bee sting allergy Food allergy Other (give details) _____

Has your child been diagnosed by a physician with asthma? Yes or No

Will your child be carrying an inhaler at school for his/her asthma? Yes or No

If yes, please list the name of the inhaler _____

Please circle any/all the following conditions that your child has been diagnosed by a physician as having:

Arthritis/Lupus	Cerebral Palsy	Migraine Headaches
ADD/ADHD	Color Blind	Polycystic Ovarian Syndrome Bladder/Urinary
Condition	Cystic Fibrosis	Seizure Disorder
Blood/Clotting Disorder	Diabetes Type I (uses insulin)	Sickle Cell Disease
Cardiac (Heart) Condition	Diabetes Type II (takes oral medication)	Spina Bifada
Other (name) _____		Tourette's Syndrome

It is the responsibility of the student's parents(s) to notify their child's bus/van driver and extracurricular advisors/coaches of any significant medical/health issues that they need to be aware of.

BEA Middle / High School Students Only

According to the BEASD's Medication Policy and School Physician's Standing Orders a current (2025-2026) BEA MS/HS School District Emergency Contact & Health Information Form OR online permission in your student's Sapphire Account must be completed by a parent and be on file with the school nurse.

Acetaminophen 325mg tablet: 11 years old: tablets based upon weight; 12 years old or above: 2 tablets every 4 hours as needed

Acetaminophen liquid: 11 years old: liquid dosing based upon weight; 12 years old or above: 640mg (20ml) every 4 hours as needed

Ibuprofen 200mg tablet: 11 years old: tablets based upon weight; 12 years old or above: 2 tablets every 6 hours as needed

Ibuprofen liquid: 11 years old: liquid dosing based upon weight; 12 years old or above: 400mg (20ml) every 6 hours as needed

ONE of the above may be given as needed for the following reasons: • Headache • Earache • Dental/Orthodontic pain • Fever (if oral temperature is 100.5 or above) • Menstrual cramps • Musculoskeletal pain

After a head injury acutely, Tylenol can be given for pain as needed. NSAIDs can be given following evaluation from athletic trainers or other health personnel.

If a student receives a total of eight (8) doses of Acetaminophen (Tylenol) and/or Ibuprofen (Motrin) within a 30-day period, the student's parent or guardian will be contacted. At that point, the student will be required to be evaluated by a physician for further assessment and management. Additional doses of these medications will not be administered by the school nurse for the remainder of the school year unless written medical clearance is provided by the student's healthcare provider.

Calcium Carbonate 500mg (Antacid Tablets): 1 or 2 tablets every 6 hours may be given for the following reasons: Heartburn or upset stomach
If a student receives a total of two (2) doses of Calcium Carbonate (Tums) in one week, or eight (8) doses within a 30-day period, the student's parent or guardian will be contacted. At that point, the student will be required to be evaluated by a physician for further assessment and management.

I give my permission for the school nurse or other designated school health personnel to give my child the medications named above (Tylenol, Advil, Tums, or their generic name equivalent) according to the terms stated on this form.

Parent/Guardian Signature

Date